

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>8/30/04</u>		2 Serial/Patent # <u>10/805,251</u>									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input type="checkbox"/> Filing			\$								
<input type="checkbox"/> Amendment			\$								
<input type="checkbox"/> Extension of Time			\$								
<input type="checkbox"/> Notice of Appeal/Appeal			\$								
<input checked="" type="checkbox"/> Petition	1FW	8/4/04	\$ 130.00								
<input type="checkbox"/> Issue			\$								
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/> Maintenance			\$								
<input type="checkbox"/> Assignment			\$								
<input type="checkbox"/> Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
		<input type="checkbox"/> Treasury Check									
		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr><td>1</td><td>9</td><td>--</td><td>4</td><td>8</td><td>8</td><td>0</td></tr> </table>			1	9	--	4	8	8	0
1	9	--	4	8	8	0					
10 REASON:											
<input type="checkbox"/> Overpayment											
<input type="checkbox"/> Duplicate Payment											
<input checked="" type="checkbox"/> No Fee Due (Explanation):	Postcard established no paper emitted. See 1.53(e)(2)										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Nancy Johnson</u>		TITLE: <u>Sr. Patents Att.</u>									
SIGNATURE: <u>Nancy Johnson</u>		PHONE: <u>703-305-0389</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY. *****											
APPROVED: <u>Alicea Kelle</u>		DATE: <u>8/31/04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: